

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005391

FILED
Apr 13, 2005
Secretary of State

Entity Name: COMPASS CS (SOUTH EAST) INC.

Current Principal Place of Business:

4700 FOREST DRIVE, SUITE 202
COLUMBIA, SC 29225

New Principal Place of Business:

Current Mailing Address:

435 ELM STREET
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 06-1575481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: AGLINSKY, WILLIAM E
Address: 435 ELM STREET
City-St-Zip: CINCINNATI, OH 45202

Title: V () Delete
Name: PEAGLER, PENNIE
Address: 61 WILTON ROAD, 2ND FLOOR
City-St-Zip: WESTPORT, CT 06880

Title: SD () Delete
Name: MASSOUD, I. JOSEPH
Address: 61 WILTON ROAD, 2ND FLOOR
City-St-Zip: WESTPORT, CT 06880

Title: ASD () Delete
Name: SABO, ELIAS
Address: 61 WILTON ROAD, 2ND FLOOR
City-St-Zip: WESTPORT, CT 06880

Title: AS () Delete
Name: SHAPIRO, ALAN
Address: 61 WILTON ROAD, 2ND FLOOR
City-St-Zip: WESTPORT, CT 06880

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Change (X) Addition
Name: BERNARD, KATHRYN
Address: 435 ELM STREET
City-St-Zip: CINCINNATI, OH 45202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN BERNARD

AS

04/13/2005

Electronic Signature of Signing Officer or Director

Date